

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet** 

**FILE NUMBER** 

2015 APR 14 AHII 40 INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. **TOTAL PAGES IN ENTIRE CFA-4 REPORT** TAMMY BAITZ CLERK HAMILTON COUNTY COUNTS IS THIS AN AMENDMENT? ☐ Yes 2

Full Name of Committee (as on Statement of Organization)  Check if this is a new name  Committee to Elect Mark Boice				
3. Comn	317 )490-6100			
( 317	7 )49	0-6100		
4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  107 Cherokee Lane				
6. Party	y Affiliation <i>(if applicable)</i>			
Republic	ican			
CANDIDATE INFORMATION (For Candidate's Committees Only)				
8. Party	rty Affiliation or If Independent Candidate			
Republic	lican			
10. Cour	unty of Residence			
Hamiltor	n			
		CONVENTIO	ON CANDIDATES ONLY	
	Check one:			
	Pre-Convention			
Organization)		Post-Co	nvention	
			COLUMN B	
	This	Period	Year to Date	
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			\$ 1,125.15	
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TOTAL	\$ 0.00		\$ 0.00	
TOTAL	\$ 1,12	25.15 <sup>\$.5</sup>	\$°13125115	
	3. Comr ( 31; neck if this 6. Party Republic 7. Republic 10. Count Hamilton  Organization)  OTAL  OTAL	3. Committee Tele ( 317 )49 neck if this is a new a 6. Party Affiliation ( Republican  Dimmittees Only) 8. Party Affiliation of Republican 10. County of Resident Hamilton  Corganization)  COL This \$ 1,12  \$ 0.00 0TAL \$ 0.00	3. Committee Telephone Number ( 317 )490-6100 neck if this is a new address  6. Party Affiliation (if applicable) Republican  Dommittees Only)  8. Party Affiliation or If Independence Republican  10. County of Residence  Hamilton  CONVENTION Check one: Pre-Content Pre-C	

**IFICATION** OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. resport Date

groppice use only 10%

